



# OFFICE OF THE KANSAS ATTORNEY GENERAL

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## QUALIFIED ESCROW FUND ASSESSMENT FORM

# 2021

*For the purpose of compliance with K.S.A. 50-6a03(b), a non-participating manufacturer ("NPM") to the Tobacco Master Settlement Agreement is required to establish a qualified escrow fund ("QEF") as defined in K.S.A. 50-6a02(f). The Kansas Attorney General's Office requests that every financial institution holding a QEF established by an NPM for the benefit of Kansas please provide the following information.*

### MANUFACTURER INFORMATION

MANUFACTURER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION \_\_\_\_\_

ACCOUNT MANAGER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_





**ADDITIONAL INFORMATION**

Please indicate “Yes” or “No” to the following questions. If any answer is yes and more space is needed in order to provide a response, please provide an attachment to this certification.

	<b>Yes</b>	<b>No</b>
Do you have information on persons or entities that have any ownership interest or legal rights to the accounts listed above? If so, please provide contact information, including the name and most recent address.	_____	_____
_____		
_____		
_____		

Have you had any contact with these persons or entities, whether through phone calls, emails, letters, or other sources of communication? If so, please state with whom and provide the date (or estimate) of the most recent communication.	_____	_____
_____		
_____		
_____		

Do you have information related to the executed, negotiated or attempted purchase, sale or transfer of interest, if any, in the accounts listed above? If so, please provide.	_____	_____
_____		
_____		
_____		

Have you had contact with any person or entity representing the NPM, including an attorney or agent thereof, in the previous 5 years? If so, please provide the contact information and date of most recent contact.	_____	_____
_____		
_____		
_____		

Do you have any maintenance or similar fees owed related to the accounts listed above? If so, please provide information on how these fees are paid.	_____	_____
_____		
_____		
_____		

## REPORTING REQUIREMENTS

The Kansas Attorney General's Office requests that your financial institution comply with the requirements listed below.

Please check each box below to signify your compliance with the requirements.

- I acknowledge that this financial institution will provide escrow statements to the Kansas Attorney General's Office for any and all qualified escrow fund accounts or sub-accounts held for this NPM for the benefit of the state of Kansas. The escrow statements shall be sent on a quarterly basis and each quarter shall be for the following periods:

Quarter 1: January 1 – March 31

Quarter 2: April 1 – June 30

Quarter 3: July 1 – September 30

Quarter 4: October 1 – December 31

- I acknowledge that this financial institution's records have been updated to ensure all future escrow statements, correspondence, and other notices regarding the qualified escrow fund will be sent to one of the following:

Via U.S. mail to:

Office of the Kansas Attorney General  
Attn: Tobacco Enforcement Unit  
120 SW 10<sup>th</sup> Ave, 2<sup>nd</sup> Floor  
Topeka, KS 66612-1597

Or via email to:

tobacco@ag.ks.gov

## VERIFICATION OF CERTIFICATION

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
Title (*Please Print*)